WAUKESHA COUNTY PUBLIC HEALTH DIVISION VACCINE ADMINISTRATION RECORD

ADULT - Adult Immunizations and Travel
CHILD - Travel

Information collected on this form will be used to document authorization for receipt of vaccine(s). Information may be shared through the Wisconsin Registry (WIR) with other health care providers directly involved with the patient to assure completion of the vaccine schedule. Information collected on this form is voluntary and the Social Security Number will be used by parent or guardian to access the Wisconsin Immunization Registry.

Patient's Name (Last, First, Middle)				
Address			P. O. Box	
City	County		State	Zip Code
Home Telephone Number	Work Telephone Number		Okay to share immunization data with WIR? ☐ Yes ☐ No	
Social Security Number	Date of Birth (mm/dd/yyyy)	Age	Gender ☐ Male ☐ Female	Ethnicity ☐ Hispanic ☐ Non-Hispanic
Race ☐ African American ☐ Asian ☐ Caucasian ☐ Native American ☐ Other	Mother's Maiden Name (Last, First, Middle Initial)			
Check all that apply ☐ Native American ☐ Medicaid Eligible ☐ Badger Care ☐ No Health Insurance ☐ Insured, Vaccines Not Covered ☐ Insured, Vaccines Covered				
Name of Physician	Insurance Provider		School or Day Care (If applicable)	
Name of Parent or Guardian Responsible for Patient (Last, First, Middle)			Relationship to Patient	

I have been given a copy and have read, or have had explained to me, information about the disease(s) and vaccine(s) to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks if the vaccine(s) requested and ask that the vaccine(s) be given to me or to the person named above for whom I am authorized to make this request.

Signature – Person to receive vaccine or person authorized to sign on the patient's behalf	Date Signed

FOR OFFICE USE

Vaccine	Route	Dosage	Site*	Dose Number	Manufacturer	Lot Number	Form Date
Hep A	IM	0.5 mL 1.0 mL	RD LD	1 2			CDC 8/25/98
Hep B	IM	0.5 mL 1.0 mL	RD LD	1 2 3			CDC 7/11/01
Immune Globulin Wt. _____	IM		RV RD RG LV LD LG	1 Divided Dose			CDC 8/25/98
Influenza	IM	0.25 mL 0.5 mL	RV RD LV LD	1 2			CDC
IPV	SC	0.5 mL	RV RD LV LD	1 2 3 B			CDC 2/6/97
Meningitis	SC	0.5 mL	RV RD LV LD	1 B			CDC 3/31/00
MMR	SC	0.5 mL	RV RD LV LD	1 2			CDC 12/16/98
Pneumococcal	IM	0.5 mL	RD LD	1 2			CDC 7/29/97
Td	IM	0.5 mL	RD LD	1 2 3 B			CDC 10/6/94
Typhoid	IM	0.5 mL	RD LD	1 B			PHD 1/99
Varicella	SC	0.5 mL	RV RD LV LD	1 2			CDC 12/16/98
Yellow Fever	SC	0.5 mL	RV RD LV LD	1 B			PHD 1/99
Other							

RV=Right Vastus Lateralis LV=Left Vastus Lateralis RD=Right Deltoid LD=Left Deltoid RG=Right Gluteal LG=Left GlutealSC=Subcutaneous; subcutaneous injections are administered in the muscle area

Signature/Title	Date Vaccine Administered
Clinic	